



Last Updated: 03/09/2022

## Residential Service Changes for Developmental Disability Waivers

This memo describes changes to residential services in the Medicaid 1915(c) Home and Community Based Services (HCBS) waivers that serve individuals in Virginia who have a developmental disability (DD), inclusive of intellectual disability.

The redesigned waivers are discussed in more detail in a Medicaid Memo-Developmental Disabilities Medicaid Waivers Redesign dated May 24, 2016. That memo outlines the scope of the changes that have been authorized and funded by the General Assembly and have been submitted to the **Centers for Medicare and Medicaid Services** (CMS) for approval. These changes will be implemented beginning July 1, 2016 or as soon as the waiver amendments are approved by CMS.

This memo discusses residential services. The following residential services will be available in the designated waiver(s):

SERVICES	Building Independence Waiver	Family and Individual Support Waiver	Community Living Waiver
Shared Living	X	X	X
Group Home Residential			X
Sponsored Residential			X
Supported Living Residential		X	X
In Home Supports		X	X
Independent Living Supports	X		

**Service Definitions:** *(These definitions may be subject to change in accordance with CMS requirements)*



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**Effective July 1, or as soon as the waiver amendments are approved by CMS**

**Shared Living** with this new service an individual would live in an apartment, condominium, townhome, or other home in the community with a roommate of the member's choice. The roommate acts as the individual's live-in companion. Individuals must be 18 years old or older and must be directly responsible for the residence (i.e., the individual must either rent or own it).

Individuals will be responsible for all expense associated with their housing, utilities and food as well as those for the live-in companion. Those expenses incurred by the individual and determined to be usual, reasonable and within the location's maximum reimbursement amount will be reimbursed by Medicaid consistent with the service authorization. These expenses may be covered when the live-in companion provides companionship supports,

including fellowship and enhanced feelings of security, and may include limited Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) supports as long as these account for no more than 20% of the anticipated companionship time on a weekly basis. The individual is responsible for his own living expenses. Designated Department of Behavioral Health and Developmental Services (DBHDS) licensed providers are eligible to bill and receive payment for administering this service. After retention of an allowable amount for administrative expenses, the provider will distribute payments to the individual to reimburse for expenses incurred per the service authorization.

**Group Home Residential** (formerly part of Congregate Residential Supports) provides services in a home in which an individual lives with other individuals with developmental disabilities receiving supports from paid staff. These supports include skill building and ongoing supports with ADLs, IADLs, community access, physical and behavioral health, as well as general supports. Providers must be licensed by DBHDS and follow state and federal guidelines to participate in the service. The unit of service billed will be "daily" when the new waivers take effect.

**Supported Living Residential** (formerly part of Congregate Residential Supports) provides access to 24 hour supports in an apartment setting operated by a DBHDS licensed provider. Services are provided to the individual in the form of 'round the clock availability of paid staff



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who have the ability to respond in a timely manner. These supports may be provided individually or simultaneously to more than one individual living in the apartment, depending on the required support. Supports include skill building and ongoing supports with ADLs, IADLs, community access, physical and behavioral health, as well as general supports. The unit of service billed will be “daily” when the new waivers take effect.

**In-Home Supports** (formerly In-home Residential Supports) are supplemental services that take place in an individual’s home, family’s home or community setting. Supports include skill building and ongoing supports with ADLs, IADLs, community access, physical and behavioral health, as well as general supports. Usually, In-home supports involve one staff person to one individual, but now may include 1:2 or 1:3 as appropriate. The latter is a change from previous allowances. The unit of service billed remains “hourly.”

**Independent Living Support** is a new service provided to adults (18 and older) that offers skill building and supports necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Individuals typically live alone or with a roommate in their own homes or apartments. The roommate may be paid (see Shared Living above) or unpaid. The unit of service billed is “monthly” or “partial month.”

### **Effective January 1, 2017**

**Sponsored Residential** (formerly part of Congregate Residential Supports) gives individuals the ability to live with a family or single “sponsor” in the community. No more than two individuals can live in the sponsor’s home. The supports provided by the sponsor may include skill building, supports with ADLs and IADLs, community access and recreation/social supports, as well as general supports. Sponsors are generally not related to the individual unless all other alternatives were investigated and found not to be appropriate for the individual. Sponsors are affiliated with a DBHDS licensed agency.

There are no changes to reimbursement rates or units for sponsored residential services until January 1, 2017. Providers should continue to follow the current billing guidance and service authorization process. There will be a separate memo prior to implementation of service, rate and billing changes.

### **Procedure Codes, Units, Rates and Other Billing Information:**

Changes in units of service and rates of reimbursement are designed to consider an individual’s support needs, location and home environment. Many of the new services give



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individuals more options to live in the least restrictive environment and encourage greater integration and participation in the community.

Reimbursement for shared living will be determined as part of the service authorization process. As part of the share-living agreement, the live-in companion's portion of rent, utilities and food will be paid for by the waiver member. It will be based upon the actual cost incurred by the waiver member for rent and other living expenses of the live-in companion. An administrative fee for the provider agency will also be built into the billing formula. Expenses will be paid each month or on a partial month basis when a live-in companion is moving in or out of the home. If a live-in companion receives Supplemental Nutrition Assistance Program benefits, the benefit amount will be taken in to consideration when calculating the expenses actually incurred by the individual. In addition, a capped maximum dollar amount for rent/mortgage based on location will be considered when determining the reimbursement amount.

The waiver member will receive the reimbursement funds from the designated provider agency for rent and other allowable live-in companion costs incurred. The provider agency is responsible for billing and will initially receive the reimbursement amount. The provider agency will then reimburse the designated amount of funds received for costs incurred to the waiver member after administrative fees are withheld. The member will then use the money to pay for both the member and the live-in companion's housing and other living expenses. Roommates that provide services to the member outside their functions as the "roommate" are paid and will bill a separate service for reimbursement.

Rates for group home residential and supported living residential will vary based on four Rate Tiers. The Tiers are described in the introductory Medicaid Memo dated May 24, 2016 and reflect different levels of support from low (Tier 1) to high (Tier 4). Providers will not have to enter the Tier on the claim. DBHDS will enter the individual's Tier on the eligibility file and claim payments will be based on the Tier in the eligibility file.

Under the current reimbursement methodology, DMAS pays an hourly rate for congregate residential supports. Under the new per diem (daily) reimbursement structure for group home residential and supported living residential services, providers will be limited by the service authorization to billing 344 days per ISP year. This billing schedule assumes that members spend an average of 21 days away from the group/supported living residence visiting family or friends or participating in other community integrated activities. The daily rates have been adjusted to accommodate the average number of absences while still reimbursing the provider



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for the same overall amount as if reimbursing for 365 days.

Group home residential services will also be paid according to the home's licensed capacity. Providers will have to include modifiers for group home licensed capacity that match the service authorization. Rates for all services vary by the location of the individual. Higher rates are paid for individuals who live in Northern Virginia compared to individuals who live in the rest of state. Payment will be based on the member's locality code in the eligibility file.

Independent living support and shared living residential services will be billed and reimbursed for either a whole or partial month. The partial month payment will be for services that start or end in a month such that less than 15 days of service are delivered.

The table below indicates required licensing for eligible providers and provider types participating in the waiver services.

### **Licensing**

Service	Required License
Independent Living Supports	DBHDS Supportive In-home Residential Services License
Shared Living Residential	Any DBHDS I/DD licensed residential provider possessing a triennial license
Supported Living Residential	DBHDS Supervised Living Residential Services License



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In-Home Support Services	DBHDS Supportive In-home Residential Services License
Sponsored Residential	DBHDS Sponsored Residential Home Services License
Group Home Residential	DBHDS Group Home Residential License or DSS-Approved Adult Foster Care Home

Please see the tables below for detailed rates.

## **Shared Living**

Service	National Code	Location	Rate as of 7/1/16	Unit
Shared Living	T1020	ROS	Individual Consideration (Maximum = \$920.67, inclusive of provider's administrative costs)	Monthly
		NOVA	Individual Consideration (Maximum = \$1,117.87, inclusive of provider's administrative costs)	Monthly
Shared Living	T1020	ROS	Individual Consideration (Maximum = \$460.34, inclusive of provider's administrative costs)	Partial Month
		NOVA	Individual Consideration (Maximum = \$558.94, inclusive of provider's administrative costs)	Partial Month

## **Group Home Residential**



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Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
Group Home Residential 4 or Fewer Person Homes	H2022	1	ROS	\$201.76	344 billing days Per Diem	UA
			NOVA	\$237.62		
Group Home Residential 4 or Fewer Person Homes	H2022	2	ROS	\$240.00	344 billing days Per Diem	UA
			NOVA	\$283.29		
Group Home Residential 4 or Fewer Person Homes	H2022	3	ROS	\$264.26	344 billing days Per Diem	UA
			NOVA	\$312.26		
Group Home Residential 4 or Fewer Person Homes	H2022	4	ROS	\$315.36	344 billing days Per Diem	UA
			NOVA	\$373.27		
Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
Group Home Residential 5 Person Group Homes	H2022	1	ROS	\$188.09	344 billing days Per Diem	U2
			NOVA	\$221.80		
Group Home Residential 5 Person Group Homes	H2022	2	ROS	\$210.93	344 day Per Diem	U2
			NOVA	\$249.07		
Group Residential Supports 5 Person Group Homes	H2022	3	ROS	\$233.76	344 billing days Per Diem	U2
			NOVA	\$276.33		
Group Home Residential 5 Person Group Homes	H2022	4	ROS	\$274.86	344 billing days Per Diem	U2
			NOVA	\$325.40		



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Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
Group Home Residential 6 Person Group Homes	H2022	1	ROS	\$182.38	344 billing days	U3
			NOVA	\$214.99	Per Diem	
Group Home Residential 6 Person Group Homes	H2022	2	ROS	\$202.36	344 billing days	U3
			NOVA	\$238.84	Per Diem	
Group Home Residential 6 Person Group Homes	H2022	3	ROS	\$225.20	344 billing days	U3
			NOVA	\$266.10	Per Diem	
Group Home Residential 6 Person Group Homes	H2022	4	ROS	\$267.72	344 billing days	U3
			NOVA	\$316.88	Per Diem	





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Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
Group Home Residential 7 Person Group Homes	H2022	1	ROS	\$176.67	344 billing days	U4
			NOVA	\$208.17	Per Diem	
Group Home Residential 7 Person Group Homes	H2022	2	ROS	\$193.80	344 billing days	U4
			NOVA	\$228.61	Per Diem	
Group Home Residential 7 Person Group Homes	H2022	3	ROS	\$216.63	344 billing days	U4
			NOVA	\$255.88	Per Diem	
Group Home Residential 7 Person Group Homes	H2022	4	ROS	\$260.59	344 billing days	U4
			NOVA	\$308.36	Per Diem	



Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
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Group Home Residential 8 Person Group Homes	H2022	1	ROS	\$170.97	344 billing days	U5
			NOVA	\$201.35	Per Diem	
Group Home Residential 8 Person Group Homes	H2022	2	ROS	\$185.24	344 billing days	U5
			NOVA	\$218.40	Per Diem	
Group Home Residential 8 Person Group Homes	H2022	3	ROS	\$208.07	344 billing days	U5
			NOVA	\$245.65	Per Diem	
Group Home Residential 8 Person Group Homes	H2022	4	ROS	\$253.45	344 billing days	U5
			NOVA	\$299.84	Per Diem	
Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
Group Home Residential 9 Person Group Homes	H2022	1	ROS	\$165.25	344 billing days	U6
			NOVA	\$194.54	Per Diem	
Group Home Residential 9 Person Group Homes	H2022	2	ROS	\$176.67	344 billing days	U6
			NOVA	\$208.17	Per Diem	
Group Home Residential 9 Person Group Homes	H2022	3	ROS	\$199.51	344 billing days	U6
			NOVA	\$235.44	Per Diem	
Group Home Residential 9 Person Group Homes	H2022	4	ROS	\$246.32	344 billing days	U6
			NOVA	\$291.32	Per Diem	





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Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
Group Home Residential 10 Person Group Homes	H2022	1	ROS	\$159.54	344 billing days	U7
			NOVA	\$187.72	Per Diem	
Group Home Residential 10 Person Group Homes	H2022	2	ROS	\$168.10	344 billing days	U7
			NOVA	\$197.95	Per Diem	
Group Home Residential 10 Person Group Homes	H2022	3	ROS	\$190.95	344 billing days	U7
			NOVA	\$225.21	Per Diem	
Group Home Residential 10 Person Group Homes	H2022	4	ROS	\$239.18	344 billing days	U7
			NOVA	\$282.80	Per Diem	
Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
Group Home Residential 11 Person Group Homes	H2022	1	ROS	\$153.83	344 billing days	U8
			NOVA	\$180.91	Per Diem	
Group Home Residential 11 Person Group Homes	H2022	2	ROS	\$159.54	344 billing days	U8
			NOVA	\$187.72	Per Diem	
Group Home Residential 11 Person Group Homes	H2022	3	ROS	\$182.38	344 billing days	U8
			NOVA	\$214.99	Per Diem	



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Group Home Residential 11 Person Group Homes	H2022	4	ROS	\$232.05	344 billing days	U8
			NOVA	\$274.28	Per Diem	



Service	National Code	Tier	Location	Rate as of 7/1/2016	Unit	Modifier
Group Home Residential 12 Person Group Homes	H2022	1	ROS	\$148.12	344 billing days	U9
			NOVA	\$174.09	Per Diem	
Group Home Residential 12 Person Group Homes	H2022	2	ROS	\$150.98	344 billing days	U9
			NOVA	\$177.50	Per Diem	
Group Home Residential 12 Person Group Homes	H2022	3	ROS	\$173.82	344 billing days	U9
			NOVA	\$204.76	Per Diem	
Group Home Residential 12 Person Group Homes	H2022	4	ROS	\$224.91	344 billing days	U9
			NOVA	\$265.76	Per Diem	



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## Supported Living Residential

Service	National Code	Tier	Location	Rate as of 1/1/2017	Unit
Supported Living Residential	H0043	1	ROS	\$136.76	344 billing days Per Diem
			NOVA	\$160.03	
Supported Living Residential	H0043	2	ROS	\$177.12	344 billing days Per Diem
			NOVA	\$208.22	
Supported Living Residential	H0043	3	ROS	\$205.98	344 billing days Per Diem
			NOVA	\$242.67	
Supported Living Residential	H0043	4	ROS	\$259.25	344 billing days Per Diem
			NOVA	\$306.26	

## In-Home Supports

Service	National Code	Size	Location	Rate as of 7/1/16	Unit	Modifier
In-Home Supports	H2014	1	ROS	\$25.61	Hourly	UA
			NOVA	\$29.84		
In-Home Supports	H2014	2	ROS	\$14.09	Hourly	U2
			NOVA	\$16.41		
In-Home Supports	H2014	3	ROS	\$10.24	Hourly	U3
			NOVA	\$11.94		



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## Independent Living Supports

Service	National Code	Tier	Location	Rate as of 7/1/16	Unit	Modifier
Independent Living Supports	T2032	1	ROS	\$1,168.44	Monthly	N/A
			NOVA	\$1,366.21		
Independent Living Supports	T2032	2- 4	ROS	\$1,945.28	Monthly	N/A
			NOVA	\$2,271.36		
Independent Living Supports	T2032	1	ROS	\$584.22	Partial Month	U1
			NOVA	\$683.11		
Independent Living Supports	T2032	2- 4	ROS	\$972.64	Partial Month	U1
			NOVA	\$1,135.68		

## Service Authorization Changes

There will also be service authorizations changes. These will be covered in a separate memo.

## **ADDITIONAL INFORMATION ON THE MEDICAID WAIVER REDESIGN:**

### **DBHDS website**

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community>



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## **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx) to learn more.

## **MANAGED CARE PROGRAMS**

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC):  
[http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/ltc/PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf)

## **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to:



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<https://dmas.virginia.gov>

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[www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.